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## TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

09/981,636 **Application Number** October 16, 2001 **Filing Date** James D. Marks **First Named Inventor** 1648 Group Art Unit Zachariah Lucas **Examiner Name** 407J-897710US Attorney Docket Number

Total Number of Pages in This Submission Attorney Docket Number 407J-897/1003						
ENCLOSURES (check all that apply)						
X Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group				
Fee Attached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences				
Amendment / Response	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final	Petition Routing Slip (PTO/SB/69) and Accompanying Petition	Proprietary Information				
Affidavits/declaration(s)	Petition to Convert to a Provisional Application	Status Letter				
X Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address	X Additional Enclosure(s) (please identify below):				
Express Abandonment Request	Terminal Disclaimer	receipt acknowledgment postcard				
Information Disclosure Statemen	Small Entity Statement					
	Request for Refund					
Certified Copy of Priority Document(s)  Response to Missing Parts/  Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.						
Incomplete Application						
Response to Missing Remarks						
L—J Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Angela P. Horne, Ph.D., Reg. No. 41,079, Quine Intellectual Property Law Group, P.C. Individual name						
Signature Ougeler P. Hours, Pw						
Signature Ougeler P. Chown, PwD  Date November 15, 2005						
CERTIFICATE OF MAILING						

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Evelyn Gomez	n,
Signature	Ellely I	Date (1000mbcv 15, 2005

PTO/SB/17 (12-04v2)

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Fees pursuant Appropriations Act, 2005 (H.R. 4818).		Complete if Know n		
		). Application Number	09/981,636	
FEE TRAN	SMITTAL	Filing Date	October 16, 2001	
For FY	2005	First Named Inventor	James D. Marks	
A P. A 1 C. A 1		Examiner Name	Zachariah Lucas	
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1648	
OTAL AMOUNT OF PAYMENT	(\$) 475.00	Attorney Docket No.	407J-897710US	

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METHOD OF PAYMEN	NT (check al	l that apply)					
Check Credit Card Money Order None X Other (please identify): Deposit Account							
Name:   Deposit Account Deposit Account Number:   50-0893   Deposit Account Name:   Quine Intellectual Property Law Group, P.C.							
For the above iden							
X Charge fee(	s) indicated b	elow		Char	ge fee(s) indic	ated below, exc	cept for the filing fee
under 37 CF	R 1.16 and 1			0,00	t any overpay		
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FEE CALCULATION						-	
1. BASIC FILING, SEA	RCH. AND	EXAMINATIC	N FEES				
	FILING	FEES		CHIFEES		TION FEES	
Application Type_	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (S)	Fees Paid (Ş)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES		_				Small Entity
Fee Description		<b>.</b>				Fee (\$)	Fee (\$)
Each claim over 20			اممیمما			50 200	25 100
Each independent of Multiple dependent		(including R	eissues)			360	180
Total Claims	Extra Clair	ns Fee(S	) Fee	Paid (\$)			pendent Claims
		x				Fee (\$)	Fee Paid (\$)
HP = highest number of total	al clairns paid fo	r, if greater than 2	20.				
Indep. Claims - 3 or HP =	Extra Clair			Paid (\$)			
HP = highest number of inde				<del>-</del>			
3. APPLICATION SIZE							
If the specification and o							
listings under 37 CFR 1 sheets or fraction thereo					r small entity	r) for each add	TITIOHAL 20
Total Sheets	Extra She			additional 50 or	r fraction there	eof (	(\$) Fee Paid (\$)
- 100		/50 =		Round up to	a whole num	ber) x	=
4. OTHER FEE(S) Non-English Specific	cation, \$130	l fee (no smal	II entity dis	count)			Fees Paid (\$)
Other (e.g., late filing	g surcharge	):					
Other: Notice of A		0.571					250
Other: Request for							225
Other:						·	
Other:							
Other:							

SUBMITTED BY		
Signature .	Challes P. House Ro (Altorney/Agent) 41,079	Telephone
Name (Print/Type)	Angela P. Horne, Ph.D.	Date 11-15-05